

Booking Form 2021/22

Please photocopy this form for each course required and return.



Company details (please place 'x' in the appropriate choice box)

Company Name: _____ Member Non Member
Address: _____ CITB Levy No.*

Postcode: _____
Tel No: _____ Email: _____
Booked by (CAPS): _____ Signature: _____

Course/Qualification to be booked

Course title _____ Date(s) _____ Choice of Location/Remote _____
Where did you hear about the Course/ Qualification?*

Delegate 1

Name* _____
NI No* _____ DOB* _____
Email** _____
1st Line of Home Address* _____
Postcode* _____

Delegate 2

Name* _____
NI No _____ DOB* _____
Email** _____
1st Line of Home Address* _____
Postcode* _____

Delegate 3

Name* _____
NI No* _____ DOB* _____
Email** _____
1st Line of Home Address* _____
Postcode* _____

Delegate 4

Name* _____
NI No* _____ DOB* _____
Email** _____
1st Line of Home Address* _____
Postcode* _____

*This information is required to enable ARCA to claim grants on your behalf. **Required for remote training course

Payment - Choose 1 of 3 methods (please place 'x' in the box of your chosen method)

1. **By Training Credits** Invoice address if different from above
2. **By Card** Please debit my VISA Mastercard Switch/Maestro for £
3. **By Cheque** I enclose a cheque for £ made payable to ARCA
Signature: _____ Date: Purchase Order No: _____

By signing this booking form you are accepting the terms and conditions as stated on our website www.arca.org.uk/page/arca-training-terms-and-conditions and consenting for delegate names and images to be used for ARCA Marketing purposes, providing delegates give consent.
Please note: No delegate will be permitted to attend unless payment has been received in advance.